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## UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))

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Attorney Docket No.	01272.020640	
First Nar	327	
AYAKO UJI, ET AL.	173 1	
Express Mail Label No.		

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Se MPE		PLICATION ELEMEN concerning utility patent ap		ΑC	DDRE	ESS TO:	Commissio P.O. Box 1	Patent Application oner for Patents 450 VA 22313-1450
1. X	Fee Transmitt (Submit an orig	al Form inal, and a duplicate for fee pr	ocessing)	7.		CD-ROM or Program (Ap		large table or Computer
2.	Applicant clair See 37 CFR	ms small entity status. 1.27.		8.			nd/or Amino Acid S all necessary)	equence Submission
3. X	Specification	Total Pag	es 29			a C	omputer Readable	Form (CRF)
4. X	Drawing(s) (3					i c	tion Sequence Listi	-
5. X	Oath or Decla	ration <i>Total Pag</i>	es 2				paper	
	a. X Ne	wly executed (original or cop	oy)				tatements verifying PANYING APPLICA	identity of above copies
6. X	(for		Box 17 completed) ENTOR(S) ached deleting invento plication, see 37 CFR ).	9. 10. 11. 12.	x	37 CFR 3.73 (when there English Tran Information I	DS)/PTO-1449	Power of Attorney
				14. 15. 16.	x	Return Rece (Should be s Certified Co (if foreign pro	eipt Postcard (MPEI specifically itemized py of Priority Docun iority is claimed)	nent(s)
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:								
Prior app	Continuation		Continuation	-in-part (Cl	IP)	of prior appli Group/Art Un	ication No/ nit:	
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.								
			18. CORRES	05514	E ADDI	1599		
LX (	Customer Numb	er or Bar Code Label	(Insert Customer No.		ır code l	abel here)	or Corresp	oondence address below
NAME								
Address								
City			State				Zip Code	
Country			Telephone				Fax	

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	6-20 =	0	X \$ 18.00 =	\$0.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	2-3 =	0	X \$ 86.00 =	\$0.00
	MULTIPLE DEPENDEN	T CLAIMS (if applicable) (37	CFR 1.16(d))	\$290.00 =	\$0.00
				BASIC FEE (37 CFR 1.16(a))	
			Total of	above Calculations =	\$770.00
	Reduction by	50% for filing by small er	ntity (Note 37 CFR 1.9,	1.27, 1.28).	
				TOTAL =	\$770.00
19. Sm a.	nall entity status A small ei	ntity statement is enclose	ed		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
NAME	Mark A. Williamson - Reg. No. 33,628		
SIGNATURE	Male William		
DATE	The section with the se		

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